CALIFORNIA HAZARDOUS WASTE MANIFEST State Department of Health Services Manifest 015 See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 SFUND RECORDS CTR GENERATOR (Generator Must Complete) Designated TSD Facility (Authorized to operate under an (4) Alternate TSD Facility 999000960 approved state program or federal program) CHEMICAL WASTE ALUMINUM CO. OF OPERATING INDUSTRIES INC. MANAGEMENT INC. (2) Name AMERICA VERNON WORKS C A D 0 7 4 1 2 6 6 EPA NO. EPA NO. Address 5151 ALCOA AVE. Address P.O. BOX 1104 Phone No. 588-6141 Address 900 N. POTRERO GRANDE DR. 430 W. ELM AVE City, State, Zip COALINGA. CA. City, State, Zip MONTEREY PARK, CA. City, State, Zip VERNON, CA. WEIGHT OR U.S. DOT PROPER SHIPPING NAME HAZARD CLASS VOLUME **CONTAINERS NUMBER:** TYPE: DRUMS BAGS CARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE □ OTHER (8) GENERATING PROCESS _ALUMINUM FABRICATION 6) WASTE CATEGORY _____ (7) EX. HAZ. WASTE PERMIT NO. CONC. RANGE LIST COMPONENTS: UNITS UNITS □ % □ ppm. Non Hazardous Materi≱⊕⊕——— % ☐ Toxic (10) WASTE PROPERTIES: pH_ ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen OX Other ALUMINUM OXIDES & WATER (11) PHYSICAL STATE:

Solid X Liquid X Sludge ☐ Gas ☐ Slurry SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles Other _____ ☐ Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) (15) PICK-UP DATE 12-11- 51 (14) NAME ASBURY OIL CO. C|A|D|0|2|8|2|7|7|0|3|6| EPA NO. 13419 Halldale Avenue PHONE NO. (213) 321-1392 ADDRESS 12-11-81 Gardena, California 90249 CITY, STATE, ZIP Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) HANDLING OR DISPOSAL METHOD: EPA NO. ☐ Surface Impoundment Landfill PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND Treatment (Specify) ____ ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: EPA NO. Mure of Authorized Agent and Title